

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3	/					
4	/					
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TOTAL IND.	2					
TOTAL DEP.	17					
TOTAL CLAIMS	19					

	IND	DEP	IND	DEP	IND	DEP
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